

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS	*					
	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	
2	/	/	/	/	/	
3	/	/	/	/	/	
4	/	/	/	/	/	
5	/	/	/	/	/	
6	/	/	/	/	/	
7	/	/	/	/	/	
8	/	/	/	/	/	
9	/	/	/	/	/	
10	/	/	/	/	/	
11	/	/	/	/	/	
12	/	/	/	/	/	
13	/	/	/	/	/	
14	/	/	/	/	/	
15	/	/	/	/	/	
16	/	/	/	/	/	
17	/	/	/	/	/	
18	/	/	/	/	/	
19	/	/	/	/	/	
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23	/	/	/	/	/	
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25	/	/	/	/	/	
26	/	/	/	/	/	
27	/	/	/	/	/	
28	/	/	/	/	/	
29	/	/	/	/	/	
30	/	/	/	/	/	
31	/	/	/	/	/	
32	/	/	/	/	/	
33	/	/	/	/	/	
34	/	/	/	/	/	
35	/	/	/	/	/	
36	/	/	/	/	/	
37	/	/	/	/	/	
38	/	/	/	/	/	
39	/	/	/	/	/	
40	/	/	/	/	/	
41	/	/	/	/	/	
42	/	/	/	/	/	
43	/	/	/	/	/	
44	/	/	/	/	/	
45	/	/	/	/	/	
46	/	/	/	/	/	
47	/	/	/	/	/	
48	/	/	/	/	/	
49	/	/	/	/	/	
50	/	/	/	/	/	
TOTAL IND.	↓	↓	↓	↓	↓	
TOTAL DEP.	↓	↓	↓	↓	↓	
TOTAL CLAIMS	↓	↓	↓	↓	↓	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS